

Attorney Docket No.: K-119

PATENT APPLICATION

Receipt #5

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

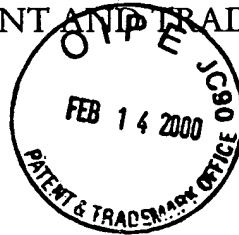
In re the Application of

Wang Rae KIM

Application No.: 09/451,108

Filed: November 30, 1999

For: VECTOR MODULATOR USING AMPLITUDE INVARIANT PHASE SHIFTER



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REQUEST FOR CORRECTED FILING RECEIPT

Box: Patent Application
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Washington, D. C. 20231

Sir:

A corrected filing receipt is hereby requested in view of the errors which appear in the original. For the convenience of the Patent and Trademark Office, attached is a photocopy of the original receipt on which the errors have been noted in red.

X PTO ERROR - As the error was made by the Patent and Trademark Office, it is believed that no fee is due. However, please credit or debit Deposit Account No. 16-0607 as necessary to effect entry of the attached corrections.

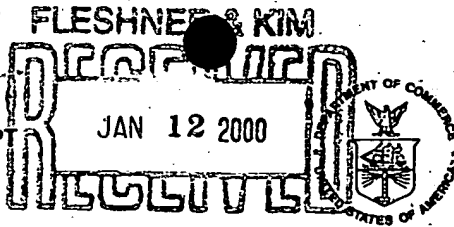
 APPLICANT'S ERROR - In accordance with the provisions of 37 C.F.R. 1.19(h), our Check No. _____ in the amount of \$25.00 is attached. Please credit or debit Deposit Account No. 16-0607 as necessary to effect entry of the attached corrections.

Respectfully submitted,
FLESHNER & KIM

Daniel Y.J. Kim
Registration No. 36,186

P. O. Box 221200
Chantilly, VA 20153-1200
Telephone: (703) 502-9440
Date: February 14, 2000
DYK:jld

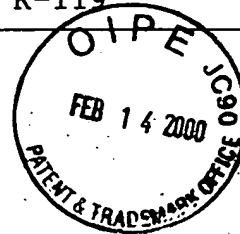
FILING RECEIPT



UNITED STATES DEPARTMENT OF COMMERCE
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTORNEY DOCKET NO.	DRUGS	TOT CL	IND CL
09/451,108	11/30/99	2749	\$760.00	K-119		3	3

FLESHNER & KIM
P O BOX 221200
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Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts of Application" ("Missing Parts Notice") in this application, please submit any corrections to this Filing Receipt with your reply to the "Missing Parts Notice." When the PTO processes the reply to the "Missing Parts Notice," the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s) WANG RAE KIM, KYONGGI-DO, REPUBLIC OF KOREA.

FOREIGN APPLICATIONS- REPUBLIC OF KOREA 54501/1998 12/11/98

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 01/07/00

TITLE

VECTOR MODULATOR USING AMPLITUDE INVARIANT PHASE SHIFTER

INVARIANT

PRELIMINARY CLASS: 455

DATA ENTRY BY: LADRINGAN, JUDITH TEAM: 06 DATE: 01/07/00

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(See reverse for new important information)



Bib Data Sheet


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UNITED STATES DEPARTMENT OF COMMERCE
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 Address: COMMISSIONER OF PATENTS AND TRADEMARKS
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SERIAL NUMBER 09/451,108	FILING DATE 11/30/1999 RULE -	CLASS 455	GROUP ART UNIT 2749	ATTORNEY DOCKET NO. K-119
APPLICANTS WANG RAE KIM, KYONGGI-DO, ;				
** CONTINUING DATA *****				
** FOREIGN APPLICATIONS ***** REPUBLIC OF KOREA 54501/1998 12/11/1998				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 01/07/2000 -				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		STATE OR COUNTRY -	SHEETS DRAWING 6	TOTAL CLAIMS 19
Verified and Acknowledged Examiner's Signature _____ Initials _____			INDEPENDENT CLAIMS 3	
ADDRESS FLESHNER & KIM P O BOX 221200 CHANTILLY, VA 201531200				
TITLE VECTOR MODULATOR USING AMPLITUDE INVARIANT PHASE SHIFTER				
FILING FEE RECEIVED 760	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	